

Peoria International Airport AOA/T-Hangar Badge Application Form

Please complete this application which will be used by the PIA Operations Department to conduct a Security Threat Assessment through the Transportation Security Administration.

Company: _____ Job Title: _____

Applicant Name: _____
Last First Middle (full)

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Primary Phone Number: _____

Place of Birth (state): _____ Country of Birth _____ Citizenship: _____

Alien Registration #: _____

Non-Immigrant VISA #: _____ Sex: _____ Race: _____ Hair Color: _____ Eye Color: _____

Height: _____ Weight: _____ Driver's License #: _____ Driver's License State: _____

Social Security Number Verification

I authorize the Social Security Administration to release my Social Security Number and full name to the Transportation Security Administration, Intelligence and Analysis (IA), Attention: Aviation Programs (TSA-10)/Aviation Worker Program, 601 South 12th Street, Arlington, VA 20598.

I am the individual to whom the information applies and want this information released to verify that my SSN is correct. I know that if I make any representation that I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

The information I have provided is true, complete, and correct to the best of my knowledge and belief and is provided in good faith. I understand that a knowing and willful false statement can be punished by fine or imprisonment or both (see Section 1001 of Title 18 of the United States Code).

Full Name: _____ Social Security Number: _____

Date of Birth: _____ Signature: _____ Date: _____

Authorized Signatory:

I certify that this applicant is actively employed by the above listed company/employer, under Employment Information, and a specific need exists for providing the individual applicant unescorted access to the Air Operations Area (AOA) at the Peoria International Airport. I attest that the applicant acknowledges their security responsibilities under 49 CFR 1540.105(a).

Escort Authority Required: Y or N

Printed Name: _____ Signature: _____ Date: _____

For Airport Operations Use Only:

STA Completion Date _____

Date Notified to Complete Training _____

Date Training Completed _____

Hangar:

Organization:

Name:

For Airport Operations Use Only:

ID Num: _____ ID Color: _____ Endorsement: _____ Issued: ___/___/___ Expires: ___/___/___ Issued By: _____ Returned/Lost/Stolen: ___/___/___ Reported By: _____ Received By: _____ Destroyed: ___/___/___ Inactive: <input type="checkbox"/>
ID Num: _____ ID Color: _____ Endorsement: _____ Issued: ___/___/___ Expires: ___/___/___ Issued By: _____ Returned/Lost/Stolen: ___/___/___ Reported By: _____ Received By: _____ Destroyed: ___/___/___ Inactive: <input type="checkbox"/>
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